

Verde E. Wallace
Patrol Special

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)		09/582903			
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		/		/	
2		/					52		/		/	
3		/					53		/		/	
4		/					54		/		/	
5		/					55		/		/	
6		/					56		/		/	
7		/					57		/		/	
8		/					58		/		/	
9		/					59		/		/	
10		/					60		/		/	
11	/						61		/		/	
12	/						62		/		/	
13	/						63		/		/	
14	/						64		/		/	
15	/						65		/		/	
16	/						66		/		/	
17	/						67		/		/	
18	/						68		/		/	
19	/						69		/		/	
20	/						70		/		/	
21		/					71		/		/	
22		/					72		/		/	
23		/					73		/		/	
24		/					74		/		/	
25		/					75		/		/	
26	/						76		/		/	
27	/						77		/		/	
28	/						78		/		/	
29		/					79		/		/	
30		/					80		/		/	
31	/						81		/		/	
32	/						82		/		/	
33	/						83		/		/	
34		/					84		/		/	
35		/					85		/		/	
36		/					86		/		/	
37		/					87		/		/	
38		/					88		/		/	
39		/					89		/		/	
40		/					90		/		/	
41		/					91		/		/	
42		/					92		/		/	
43		/					93		/		/	
44		/					94		/		/	
45		/					95		/		/	
46		/					96		/		/	
47		/					97		/		/	
48		/					98		/		/	
49		/					99		/		/	
50		/					100		/		/	
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					